Effective October 1, 2000									09/720934			
						ımn 2)	SMAL TYPE	L ENTITY		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					4		RAT	E FE	Ę	RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA		BASIC	FEE NO	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			5/mi	nus 20=	37/		XS 9	= 32	2 OR	X\$18=		
INDEPENDENT CLAIMS) / m	inus 3 =	. 8		X40	- Ja-	OR	Y00	ļ	
MULTIPLE DEPENDENT CLAIM PRESENT							+135	_ ~	OR			
* If the difference in column 1 is less than zero, enter "0" in c						column 2	TOTA	-	Z OR	L		
CLAIMS AS AMENDED - PART II							1017	" ' { { 	700	OTHER	THAN	
\mathcal{U}	(Column 1) (Column 2) (Column 3)							LL ENTIT	Y OR	SMALL		
AMENDMENT A	gus	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATI	ADD TION	AL	PLATE	ADDI- TIONAL FEE	
NON	Total	. 19	Minus	. 5	7	=	x\$ 9	= :	OR	X\$18€		
AME	Independent	NTATION OF MI	Minus	** /	<u>/</u>	=	X40=	1	OR	X80=		
7,	7.1107 7 11002	MATON OF MIC	DETIFIE DEF	ENDENT	CLAIM		+135:		OR	+270=		
-	: •						TOT ADDIT, F		Tor'	TOTAL	1	
	(Column 1) (Column 2) (Column 3)							: E	٠	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	services.	HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	RATE	ADDI TIONA FEE	\L	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		= '	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		=	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135:	_		+270=		
•							TOT		OR	TOTAL	<u> </u>	
	i						ADDIT. F	EE 	OR	ADDIT. FEE		
	Miles to site of	(Column 1) CLAIMS	v ville have	(Colum		(Column 3)		1				
AMENDMENT C	e Paris	REMAINING AFTER AMENDMENT		PREVIO PAID I	DUSLY	PRESENT EXTRA	RATE	ADDI TIONA FEE	L	RATE	ADDI- TIONAL FEE	
	Total	• .	Minus	••	<u>. </u>	=	X\$ 9=		OR	X\$18=		
\ME	Independent	•	Minus	***		=	X40=			X80=		
ك	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM							
	I the eater = ==:	+135	: <u> </u>	OR	+270=							
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE												
	""If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.											

FORM PTO-875 (Rev. 8/00) Application or Docket Number